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PTO/SB/01 (10-00)

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U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

<b>DECLARATION AND POWER OF ATTORNEY FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)</b>  <input type="checkbox"/> Declaration Submitted with Initial Filing <input checked="" type="checkbox"/> Declaration Submitted after Initial Filing (Surcharge (37 CFR 1.16(e)) required)	Attorney Docket Number	PRD-055NP	
	First Named Inventor	Adkins et al.	
	COMPLETE IF KNOWN		
	Application Number	10/691,782	
	Filing Date	October 23, 2003	
	Group Art Unit		
Examiner Name			

**As a below named inventor, I hereby declare that:**

My residence, mailing address, and citizenship are as stated below next to my name.  
I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**CONTINUOUS PROCESS FOR THE PREPARATION OF FRUCTOPYRANOSE SULFAMATE DERIVATIVES**  
(Title of the Invention)

the specification of which

☐ is attached hereto

OR

☒ was filed on (MM/DD/YYYY) 10/23/2003 as United States Application Number or PCT International Application Number 10/691,782 and was amended on (MM/DD/YYYY) ☐

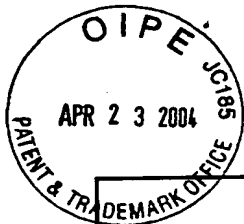
I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims; as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:



### DECLARATION - Utility or Design Patent Application

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	
60/422,558	10/31/2002	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

I hereby claim the benefit under Title 35, United States Code, § 120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, § 112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, § 1.56(a) which occurred between the filing date of the prior application and the national or PCT international filing date of this application:

Application Serial No.	Filing Date	Status
		Patented Patented Patented

I hereby appoint:

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☐ Practitioner(s) named below:  
Name Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Address all telephone calls to Ellen Ciambone Coletti at telephone number (732) 524-2359.

Direct all correspondence to: Customer Number  
☒ or Bar Code Label **000027777** OR ☐ Correspondence address below

Name:

Address:

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City:

State:

ZIP

Country

Telephone:

Fax:

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NAME OF SOLE OR FIRST INVENTOR:

☐ A petition has been filed for this unsigned inventor

Given Name  
(first and middle [if any]) Thomas W.

Family Name  
or Surname Adkins

Inventor's  
Signature

Date

Residence: City Asutnburg

State Ohio

Country USA

Citizenship USA

Mailing Address 3742 State Route 307

City Austinburg

State Ohio

ZIP 44010

Country USA

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NAME OF SECOND INVENTOR:

☐ A petition has been filed for this unsigned inventor

Given Name  
(first and middle [if any]) Charles F.

Family Name  
or Surname Cicco

Inventor's  
Signature

Date 2 April '04

Residence: City Cleveland Heights

State Ohio

Country USA

Citizenship USA

Mailing Address 2915 Euclid Heights Blvd.

City Cleveland Heights

State Ohio

ZIP 44118

Country USA

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NAME OF THIRD INVENTOR:

☐ A petition has been filed for this unsigned inventor

Given Name  
(first and middle [if any]) Penina

Family Name  
or Surname Feibush

Inventor's  
Signature

Date

Residence: City Ambler

State PA

Country USA

Citizenship USA

Mailing Address 1453 Schirra Drive

City Ambler

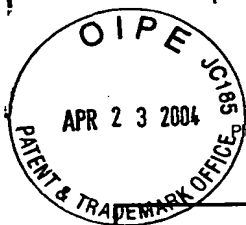
State PA

ZIP 19002

Country USA

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<b>NAME OF FOURTH INVENTOR:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
<b>Given Name</b> (first and middle [if any]) Donald A.		<b>Family Name</b> or Surname Koch	
<b>Inventor's</b> <b>Signature</b>		<b>Date</b>	
<b>Residence: City</b> Painesville	<b>State</b> Ohio	<b>Country</b> USA	<b>Citizenship</b> USA
<b>Mailing Address</b> 1651 Mentor Ave. #2605			
<b>City</b> Painesville	<b>State</b> Ohio	<b>ZIP</b> 44077	<b>Country</b> USA
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<b>NAME OF FIFTH INVENTOR:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
<b>Given Name</b> (first and middle [if any]) Cynthia		<b>Family Name</b> or Surname Maryanoff	
<b>Inventor's</b> <b>Signature</b>		<b>Date</b>	
<b>Residence: City</b> New Hope	<b>State</b> PA	<b>Country</b> USA	<b>Citizenship</b> USA
<b>Mailing Address</b> 4029 Devonshire Drive, P.O. Box 239			
<b>City</b> New Hope	<b>State</b> PA	<b>ZIP</b> 18938	<b>Country</b> USA
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.			
<b>NAME OF SIXTH INVENTOR:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
<b>Given Name</b> (first and middle [if any]) Walter E.		<b>Family Name</b> or Surname Stalzer	
<b>Inventor's</b> <b>Signature</b>		<b>Date</b>	
<b>Residence: City</b> Mentor	<b>State</b> Ohio	<b>Country</b> USA	<b>Citizenship</b> USA
<b>Mailing Address</b> 6211 Chase Drive			
<b>City</b> Mentor	<b>State</b> Ohio	<b>ZIP</b> 44060	<b>Country</b> USA



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**DECLARATION  
AND  
POWER OF ATTORNEY  
FOR UTILITY OR DESIGN  
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(37 CFR 1.63)**

☐ Declaration Submitted with Initial Filing **OR** ☒ Declaration Submitted after Initial Filing (Surcharge (37 CFR 1.16(e)) required)

Attorney Docket Number	PRD-055NP
First Named Inventor	Adkins et al.
COMPLETE IF KNOWN	
Application Number	10/691,782
Filing Date	October 23, 2003
Group Art Unit	
Examiner Name	

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**CONTINUOUS PROCESS FOR THE PREPARATION OF FRUCTOPYRANOSE SULFAMATE DERIVATIVES**  
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the specification of which

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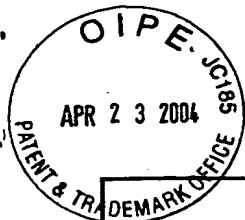
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Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached? YES NO	
			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

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Application Number(s)	Filing Date (MM/DD/YYYY)	
60/422,558	10/31/2002	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, §1.56(a) which occurred between the filing date of the prior application and the national or PCT international filing date of this application:

Application Serial No.	Filing Date	Status
		Patented Patented Patented

I hereby appoint:

☒ Practitioners at Customer Number **000027777** →

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Number Bar Code  
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☐ Practitioner(s) named below:  
Name Registration Number

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Direct all correspondence to: ☒ Customer Number **000027777** OR ☐ Correspondence address below

Name:

Address:

Address:

City:

State:

ZIP

Country

Telephone:

Fax:

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<b>NAME OF SOLE OR FIRST INVENTOR:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
<b>Given Name</b> (first and middle [if any]) Thomas W.		<b>Family Name</b> or Surname Adkins	
<b>Inventor's</b> <b>Signature</b>		<b>Date</b>	
<b>Residence: City</b> Asutnburg	<b>State</b> Ohio	<b>Country</b> USA	<b>Citizenship</b> USA
<b>Mailing Address</b> 3742 State Route 307			
<b>City</b> Austinburg	<b>State</b> Ohio	<b>ZIP</b> 44010	<b>Country</b> USA

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<b>NAME OF SECOND INVENTOR:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
<b>Given Name</b> (first and middle [if any]) Charles F.		<b>Family Name</b> or Surname Cicco	
<b>Inventor's</b> <b>Signature</b>		<b>Date</b>	
<b>Residence: City</b> Cleveland Heights	<b>State</b> Ohio	<b>Country</b> USA	<b>Citizenship</b> USA
<b>Mailing Address</b> 2915 Euclid Heights Blvd.			
<b>City</b> Cleveland Heights	<b>State</b> Ohio	<b>ZIP</b> 44118	<b>Country</b> USA

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<b>NAME OF THIRD INVENTOR:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
<b>Given Name</b> (first and middle [if any]) Penina		<b>Family Name</b> or Surname Feibush	
<b>Inventor's</b> <b>Signature</b>		<b>Date</b>	
<b>Residence: City</b> Ambler	<b>State</b> PA	<b>Country</b> USA	<b>Citizenship</b> USA
<b>Mailing Address</b> 1453 Schirra Drive			
<b>City</b> Ambler	<b>State</b> PA	<b>ZIP</b> 19002	<b>Country</b> USA

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NAME OF FOURTH INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any]) Donald A.		Family Name or Surname Koch	
Inventor's Signature <i>Donald A. Koch</i>		Date 4-07-04	
Residence: City Painesville	State Ohio	Country USA	Citizenship USA
Mailing Address 1651 Mentor Ave. #2605			
City Painesville	State Ohio	ZIP 44077	Country USA

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NAME OF FIFTH INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any]) Cynthia		Family Name or Surname Maryanoff	
Inventor's Signature		Date	
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Mailing Address 4029 Devonshire Drive, P.O. Box 239			
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NAME OF SIXTH INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any]) Walter E.		Family Name or Surname Stalzer	
Inventor's Signature		Date	
Residence: City Mentor	State Ohio	Country USA	Citizenship USA
Mailing Address 6211 Chase Drive			
City Mentor	State Ohio	ZIP 44060	Country USA



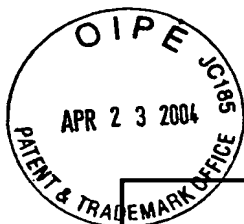


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	First Named Inventor	Adkins et al.			
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	Application Number	10/691,782			
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<b>Prior Foreign Application Number(s)</b>	<b>Country</b>	<b>Foreign Filing Date (MM/DD/YYYY)</b>	<b>Priority Not Claimed</b>	<b>Certified Copy Attached?</b> <b>YES      NO</b>	
			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
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**NAME OF SOLE OR FIRST INVENTOR:**

☐ A petition has been filed for this unsigned inventor

**Given Name**  
(first and middle [if any]) Thomas W.

**Family Name**  
or Surname Adkins

**Inventor's**  
**Signature**

**Date**

**Residence: City** Asutnburg

**State** Ohio

**Country** USA

**Citizenship** USA

**Mailing Address** 3742 State Route 307

**City** Austinburg

**State** Ohio

**ZIP** 44010

**Country** USA

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**NAME OF SECOND INVENTOR:**

☐ A petition has been filed for this unsigned inventor

**Given Name**  
(first and middle [if any]) Charles F.

**Family Name**  
or Surname Cicco

**Inventor's**  
**Signature**

**Date**

**Residence: City** Cleveland Heights

**State** Ohio

**Country** USA

**Citizenship** USA

**Mailing Address** 2915 Euclid Heights Blvd.

**City** Cleveland Heights

**State** Ohio

**ZIP** 44118

**Country** USA

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**NAME OF THIRD INVENTOR:**

☐ A petition has been filed for this unsigned inventor

**Given Name**  
(first and middle [if any]) Penina

**Family Name**  
or Surname Feibush

**Inventor's**  
**Signature**

*P. Feibush*

**Date**

03-24-04

**Residence: City** Ambler

**State** PA

**Country** USA

**Citizenship** USA

**Mailing Address** 1453 Schirra Drive

**City** Ambler

**State** PA

**ZIP** 19002

**Country** USA

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Date

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State Ohio

Country USA

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ZIP 44077

Country USA

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF FIFTH INVENTOR:

☐ A petition has been filed for this unsigned inventor

Given Name  
(first and middle [if any]) Cynthia

Family Name  
or Surname Maryanoff

Inventor's  
Signature

Date

Residence: City New Hope

State PA

Country USA

Citizenship USA

Mailing Address 4029 Devonshire Drive, P.O. Box 239

City New Hope

State PA

ZIP 18938

Country USA

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SIXTH INVENTOR:

☐ A petition has been filed for this unsigned inventor

Given Name  
(first and middle [if any]) Walter E.

Family Name  
or Surname Stalzer

Inventor's  
Signature

Date

Residence: City Mentor

State Ohio

Country USA

Citizenship USA

Mailing Address 6211 Chase Drive

City Mentor

State Ohio

ZIP 44060

Country USA



Please type a plus sign (+) inside this box ☐

PTO/SB/01 (10-00)  
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Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

<b>DECLARATION AND POWER OF ATTORNEY FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)</b>  <input type="checkbox"/> Declaration Submitted with Initial Filing <input checked="" type="checkbox"/> Declaration Submitted after Initial Filing (Surcharge (37 CFR 1.16(e)) required)	Attorney Docket Number	PRD-055NP			
	First Named Inventor	Adkins et al.			
	COMPLETE IF KNOWN				
	Application Number	10/691,782			
	Filing Date	October 23, 2003			
	Group Art Unit				
Examiner Name					
<b>As a below named inventor, I hereby declare that:</b>  My residence, mailing address, and citizenship are as stated below next to my name. I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:					
<b>CONTINUOUS PROCESS FOR THE PREPARATION OF FRUCTOPYRANOSE SULFAMATE DERIVATIVES</b> (Title of the Invention)					
the specification of which  <input type="checkbox"/> is attached hereto  OR  <input checked="" type="checkbox"/> was filed on (MM/DD/YYYY) <u>10/23/2003</u> as United States Application Number or PCT International Application Number <u>10/691,782</u> and was amended on (MM/DD/YYYY) <input type="checkbox"/>					
I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.					
I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.					
I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or any PCT international application having a filing date before that of the application on which priority is claimed.					
Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached? YES      NO	
			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/> Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:					

### DECLARATION - Utility or Design Patent Application

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	
60/422,558	10/31/2002	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, §1.56(a) which occurred between the filing date of the prior application and the national or PCT international filing date of this application:

Application Serial No.	Filing Date	Status
		Patented Patented Patented

I hereby appoint:

☒ Practitioners at Customer Number **000027777** →

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Number Bar Code  
Label Here

AND

☐ Practitioner(s) named below:  
Name Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Address all telephone calls to Ellen Ciambone Coletti at telephone number (732) 524-2359.

Direct all correspondence to: Customer Number ☒ or Bar Code Label **000027777** OR ☐ Correspondence address below

Name:

Address:

Address:

City:

State:

ZIP

Country

Telephone:

Fax:

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR:

☐ A petition has been filed for this unsigned inventor

Given Name

(first and middle [if any]) Thomas W.

Family Name

or Surname Adkins

Inventor's  
Signature

*Thomas W. Adkins*

Date

4/1/04

Residence: City *Austinburg*

*TWA 4/1/04*

State Ohio

Country USA

Citizenship USA

Mailing Address 3742 State Route 307

City

Austinburg

State Ohio

ZIP 44010

Country USA

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SECOND INVENTOR:

☐ A petition has been filed for this unsigned inventor

Given Name

(first and middle [if any]) Charles F.

Family Name

or Surname Cicco

Inventor's  
Signature

Date

Residence: City Cleveland Heights

State Ohio

Country USA

Citizenship USA

Mailing Address 2915 Euclid Heights Blvd.

City

Cleveland Heights

State Ohio

ZIP 44118

Country USA

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF THIRD INVENTOR:

☐ A petition has been filed for this unsigned inventor

Given Name

(first and middle [if any]) Penina

Family Name

or Surname Feibush

Inventor's  
Signature

Date

Residence: City Ambler

State PA

Country USA

Citizenship USA

Mailing Address 1453 Schirra Drive

City

Ambler

State PA

ZIP 19002

Country USA

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

<b>NAME OF FOURTH INVENTOR:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
<b>Given Name</b> (first and middle [if any]) Donald A.		<b>Family Name</b> or Surname Koch	
<b>Inventor's</b> <b>Signature</b>		<b>Date</b>	
<b>Residence: City</b> Painesville	<b>State</b> Ohio	<b>Country</b> USA	<b>Citizenship</b> USA
<b>Mailing Address</b> 1651 Mentor Ave. #2605			
<b>City</b> Painesville	<b>State</b> Ohio	<b>ZIP</b> 44077	<b>Country</b> USA
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.			
<b>NAME OF FIFTH INVENTOR:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
<b>Given Name</b> (first and middle [if any]) Cynthia		<b>Family Name</b> or Surname Maryanoff	
<b>Inventor's</b> <b>Signature</b>		<b>Date</b>	
<b>Residence: City</b> New Hope	<b>State</b> PA	<b>Country</b> USA	<b>Citizenship</b> USA
<b>Mailing Address</b> 4029 Devonshire Drive, P.O. Box 239			
<b>City</b> New Hope	<b>State</b> PA	<b>ZIP</b> 18938	<b>Country</b> USA
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.			
<b>NAME OF SIXTH INVENTOR:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
<b>Given Name</b> (first and middle [if any]) Walter E.		<b>Family Name</b> or Surname Stalzer	
<b>Inventor's</b> <b>Signature</b>		<b>Date</b>	
<b>Residence: City</b> Mentor	<b>State</b> Ohio	<b>Country</b> USA	<b>Citizenship</b> USA
<b>Mailing Address</b> 6211 Chase Drive			
<b>City</b> Mentor	<b>State</b> Ohio	<b>ZIP</b> 44060	<b>Country</b> USA





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**DECLARATION  
AND  
POWER OF ATTORNEY  
FOR UTILITY OR DESIGN  
PATENT APPLICATION  
(37 CFR 1.63)**

☐ Declaration Submitted with Initial Filing **OR** ☒ Declaration Submitted after Initial Filing (Surcharge (37 CFR 1.16(e)) required)

Attorney Docket Number	PRD-055NP
First Named Inventor	Adkins et al.
COMPLETE IF KNOWN	
Application Number	10/691,782
Filing Date	October 23, 2003
Group Art Unit	
Examiner Name	

**As a below named inventor, I hereby declare that:**

My residence, mailing address, and citizenship are as stated below next to my name.

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**CONTINUOUS PROCESS FOR THE PREPARATION OF FRUCTOPYRANOSE SULFAMATE DERIVATIVES**  
(Title of the Invention)

the specification of which

☐ is attached hereto

**OR**

☒ was filed on (MM/DD/YYYY) **10/23/2003** as United States Application Number or PCT International Application Number **10/691,782** and was amended on (MM/DD/YYYY) ☐

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

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Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached? YES NO	
			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

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Application Serial No.	Filing Date	Status
		Patented Patented Patented

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ZIP

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**NAME OF SOLE OR FIRST INVENTOR:**

☐ A petition has been filed for this unsigned inventor

**Given Name**  
(first and middle [if any]) Thomas W.

**Family Name**  
or Surname Adkins

**Inventor's**  
**Signature**

**Date**

**Residence:** City Asutnburg

**State** Ohio

**Country** USA

**Citizenship** USA

**Mailing Address** 3742 State Route 307

**City** Austinburg

**State** Ohio

**ZIP** 44010

**Country** USA

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**NAME OF SECOND INVENTOR:**

☐ A petition has been filed for this unsigned inventor

**Given Name**  
(first and middle [if any]) Charles F.

**Family Name**  
or Surname Cicco

**Inventor's**  
**Signature**

**Date**

**Residence:** City Cleveland Heights

**State** Ohio

**Country** USA

**Citizenship** USA

**Mailing Address** 2915 Euclid Heights Blvd.

**City** Cleveland Heights

**State** Ohio

**ZIP** 44118

**Country** USA

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**NAME OF THIRD INVENTOR:**

☐ A petition has been filed for this unsigned inventor

**Given Name**  
(first and middle [if any]) Penina

**Family Name**  
or Surname Feibush

**Inventor's**  
**Signature**

**Date**

**Residence:** City Ambler

**State** PA

**Country** USA

**Citizenship** USA

**Mailing Address** 1453 Schirra Drive

**City** Ambler

**State** PA

**ZIP** 19002

**Country** USA

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NAME OF FOURTH INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any]) Donald A.		Family Name or Surname Koch	
Inventor's Signature		Date	
Residence: City Painesville	State Ohio	Country USA	Citizenship USA
Mailing Address 1651 Mentor Ave. #2605			
City Painesville	State Ohio	ZIP 44077	Country USA

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NAME OF FIFTH INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any]) Cynthia		Family Name or Surname Maryanoff	
Inventor's Signature		Date	
Residence: City New Hope	State PA	Country USA	Citizenship USA
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City New Hope	State PA	ZIP 18938	Country USA

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NAME OF SIXTH INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any]) Walter E.		Family Name or Surname Stalzer	
Inventor's Signature <i>Walter E. Stalzer</i>		Date <i>04/05/01</i>	
Residence: City Mentor	State Ohio	Country USA	Citizenship USA
Mailing Address 6211 Chase Drive			
City Mentor	State Ohio	ZIP 44060	Country USA